



Maintaining reciprocal healthcare for patients after Brexit

Now that negotiations are underway between the UK and the European Union on the terms of the UK's withdrawal from the EU, what will this mean for British people who need healthcare in another EU country, or EU citizens who need treatment while they're in the UK?

This paper explains what's happening in the Brexit negotiations, and what the implications would be if the existing reciprocal arrangements were to be discontinued post Brexit.

Summary

- Under EU law, EU citizens currently benefit from reciprocal rights to healthcare when they are in any of the 28 EU Member States.
- The UK and EU are currently negotiating on what will happen to these rights after Brexit.
- Both sides say they want to preserve these rights for citizens already living in another EU country, but nothing has yet been agreed.
- If a deal isn't reached, the repercussions for patients could be severe.
- A 'no deal' would also have significant implications for providers of health services.
- The Brexit Health Alliance is campaigning for continued access to reciprocal healthcare after Brexit.

How do reciprocal healthcare arrangements work now?

1 General arrangements for travel

Currently EU citizens have a right to apply for an EHIC (European Health Insurance Card), and around 27 million UK citizens have one. The EHIC card means that whenever they travel elsewhere in the EU on holiday, for study or for business, they don't have to worry about needing urgent or emergency healthcare. Under current EU law, if an EU citizen falls ill or has an accident in another EU/EEA Member State, they can use their EHIC to get healthcare on the same basis as the local population.

British citizen Moira was on holiday in Southern France when she suffered a life-threatening crisis and had to be rushed to hospital. Thanks to her EHIC she received emergency care as if she were a French citizen, without having to take out additional insurance cover.

German student Johannes, studying at a British university, had to have emergency surgery after a cycling accident. He didn't have to pay anything as, using his EHIC card, he got the same NHS treatment as a British national.



2 Residents in other countries

Around 1.2 million UK citizens live in other EU Member States, and around three million EU citizens live in the UK. At the moment these people, including pensioners who are not paying in to the host country's healthcare system, benefit from getting the same healthcare as the citizens of the country they live in. Under 'S1 form' arrangements regulated by EU law, people receiving a pension from another EU Member State are entitled to receive healthcare in the country in which they reside. The Member States reimburse each other subsequently, but the patient doesn't have to get involved. This gives reassurance to, for example, British expats who are spending their retirement in Spain or France.

Peter and Muriel, British pensioners, have retired to the Costa del Sol. Thanks to reciprocal arrangements under EU law, they are able to access routine healthcare, for example for Peter's high blood pressure and Muriel's chronic rheumatism, on the same basis as local Spanish residents.

Marco, a retired Italian civil servant who used to work at the Italian embassy in London, has decided to spend his retirement in the UK. He receives an Italian state pension and is entitled to the same NHS healthcare as a UK citizen under the S1 arrangements. The Italian state will reimburse the UK for the cost of his care.

3 Travelling to receive healthcare

Special arrangements apply where patients travel to another Member State for the specific purpose of receiving treatment, for example, because it isn't available in their home country (this may be the case with some rare or complex conditions). The home country will pay, but certain formalities need to be agreed in advance, such as obtaining prior authorisation from the patient's local healthcare system.

Fiona, a British citizen, lives in Luxembourg. She has undergone genetic testing in a specialised hospital in London for a rare disease and will need to have follow-up tests there. Luxembourg covers the costs of these tests performed in the UK as they are not available in Luxembourg.

Maria is one of several sarcoma (cancer) patients from Malta who regularly receive treatment in the UK, funded (under reciprocal EU arrangements) by Malta.



What's happening in the Brexit negotiations? And what would a bad deal, or no deal, mean for patients?

Two phases of negotiations

Reciprocal healthcare features in two phases of the negotiations, as follows:

- in the first phase, the UK and EU are discussing the terms of the UK's withdrawal from the EU
- in the second phase, the two sides will discuss future arrangements between the UK and the EU.

First phase: withdrawal

Both the UK and the EU have declared that they want to give clarity to the 1.2 million British citizens currently living in other EU countries and the three million EU citizens living in the UK on their rights to access healthcare, as soon as possible.

Resolving this issue is critical to the success of the withdrawal negotiations, and to move the talks to the second phase which will focus on the future partnership between the EU and the UK.

The Brexit Health Alliance welcomes the fact that progress has been made in this area and more specifically that agreement has been reached in principle between the UK and EU to maintain access to reciprocal healthcare for patients who 'crossed the border' before Brexit day, such as British pensioners already living in Spain, or EU citizens living in the UK. However, at this stage agreement is only in principle, so until the final outcome of the talks is known, some uncertainty remains.

We would further like to see this part of the deal being explicitly 'ringfenced', so that it is not potentially prejudiced by failure to resolve other contentious issues subsequently. This would at least provide certainty for citizens currently living in a Member State which is not their home country, and enable them to plan ahead.

Outstanding questions

There are, however, aspects related to this right that still have to be addressed.

- What body will be responsible for the legal enforcement of this right; and will it be subject to the jurisdiction of the European Court of Justice, as the EU has demanded?

- Will British people currently entitled to receive healthcare abroad under EU law continue to be entitled if they move from the EU Member State in which they currently reside, to another? The EU does not wish to guarantee this at this stage.

British citizen, Susan had retired to Spain with her husband. After his death, she has little immediate support for her own health, which is deteriorating. Her son, who is living and working in Ireland, has invited her to live with his family, but she is uncertain about whether she would then have access to healthcare reimbursed by the UK.

Phase 2: future arrangements

So far no negotiations have taken place about what will happen when people decide to move across the UK/EU border after Brexit. This is because discussions on post-Brexit flows are considered by the EU not to be part of the talks on existing citizens' rights but instead to relate to the future partnership, to be addressed only in the second phase of the negotiations.

We hope that discussion on this will start in earnest in the next phase of negotiations.

What might happen to citizens and patients if a satisfactory deal isn't reached?

- If the EHIC, or a similar system, doesn't continue then UK citizens travelling around the EU (or vice versa) would have to take out health insurance (as they do when travelling to other countries). The cost could be prohibitive for people with existing conditions.
- Uninsured holidaymakers or people travelling on business could face big bills if they fall ill or have an accident requiring emergency care.
- If the current or a similar system of reciprocal cross-border healthcare is not replicated, UK citizens living in the EU and vice-versa could find themselves having to pay and make complicated arrangements to access healthcare in the country

in which they live. Currently, EU Member States agree to provide healthcare for each others' citizens as if they were their own citizens and there are inter-state reimbursement mechanisms in place.

People suffering from kidney failure need dialysis three times a week in order to stay alive. They cannot take a break from treatment in order to travel: their dialysis sessions must be arranged in advance to ensure vital continuity of care. Currently, if one of the UK's 29,000 dialysis patients needs to travel within the EU/EEA, they can, under the EHIC system, arrange in advance to have dialysis in that country. Private travel insurance is not an alternative for this group of patients – it would be impossible to obtain or cost-prohibitive for many. A continuation of the EHIC system or equivalent is essential to enable dialysis patients across the EU/EEA to travel.

- UK citizens who live in one EU country and work in another (a common situation where countries, such as the Benelux countries, share multiple borders) could be faced with significant challenges to receiving the care that they need.

Tina, a British citizen, lives in the Netherlands with her husband (who works over the border in Belgium) and their children, who attend Dutch schools. She was diagnosed with cancer three years ago, took medical retirement from work, and has been receiving chemotherapy (in Belgium) for the last seven years. It's uncertain whether she will be entitled to continue receiving treatment via the Belgian healthcare system when she is no longer an EU citizen.

- Some people or their family members, for example children, have rare or complex conditions, and the expertise and/or equipment needed to treat them may simply not exist in the country where they live and/or work. Currently, as EU

citizens they can receive healthcare in another EU country even if they are not citizens of that country and neither live nor work there. Depending upon what is agreed in negotiations, such flexibility could be jeopardised in future.

Olivia, a UK citizen, lives in Luxembourg. Because it is such a small country with no university hospital, there is no specialist who can care for her son's condition (a malformation in his leg veins) so he is under the care of a paediatric hospital in Belgium. Olivia herself has had laser treatment for a skin condition in Germany because the machine needed to treat her wasn't available in Luxembourg. She's not sure whether these cross-border arrangements will still be possible after Brexit.

A two-year old girl with a rare genetic skin disease and associated breathing problems comes to Great Ormond Street Hospital for laryngobronchoscopies every two or three months, from Latvia. This specialised care isn't available where she lives.

- Issues could arise relating to family members who currently benefit from EU rights, for example elderly British parents who live with UK expats in other EU countries and who need healthcare.

Pauline and her husband are retired British citizens living in France to be near their children and grandchildren. They are caring for Pauline's ninety-year old mother who has Alzheimer's, attends a daycentre and receives care on the same basis as other local residents. None of them can meet the requirements to become French citizens, so will the entire family be able to continue living abroad after Brexit?

What implications could there be for health services if a satisfactory deal isn't reached?

A decision on citizens' healthcare rights is also important for the planning and funding of NHS services. There are currently 190,000 UK pensioners living in the EU who have the right to receive healthcare on the same terms as the local population thanks to EU reciprocal healthcare arrangements. If these arrangements were to be discontinued in the future, this would mean that planning and funding provisions should be made in the UK's NHS for these citizens, many of whom may have chronic conditions or more complex healthcare needs than younger citizens of working age.

Getting a Brexit deal that works for the NHS, a recent briefing from the Nuffield Trust, states that finding the staff and beds these people might need could be difficult. The briefing states that: "Looking at relative hospital demand by age group, we might expect 190,000 people to require 900 more hospital beds and 1,600 nurses, as well as doctors, other health professionals, and support staff, such as porters. This number of additional beds would be the equivalent to two new hospitals the size of St Mary's Hospital in London".

If British people in the EU could no longer get reciprocal healthcare rights, it could cost the NHS up to £500 million a year according to the Nuffield Trust analysis, which puts the cost of caring for everyone who could return at £1 billion a year minus £500 million which the UK would no longer have to pay in reimbursements to other Member States. This does not take into account the additional income the UK would receive from EU citizens having to pay for NHS care.

There would also be implications for health services in the EU. There are about 53 million visits made to the EU from the UK each year, and 25 million visits from the EU to the UK. Only around 1 per cent of these visits results in an EHIC claim, but EU countries receive about £150 million per year from the UK to recompense for EHIC use by British citizens. Consequently, a significant new administrative burden could emerge for hospitals in the event of the EHIC being discontinued.

As there are far more British pensioners living in the EU 27 countries than vice-versa (190,000 as

opposed to 5,800), EU countries would lose around £500 million in reimbursements for healthcare for these pensioners. There would also be significant losses to local economies if British expats currently using local shops and services, often in rural areas where there are few other jobs, were to leave.

The UK is a world leader in many fields of medicine. EU health systems which currently refer patients to the UK for treatments that are unavailable in their own country would in future need to put in place referral arrangements with other Member States who have specialists with the relevant expertise. This would be more complex for citizens of countries where English is widely spoken, for example Ireland, Malta and Cyprus who find it easier to access care where there is no language barrier.



Another implication for healthcare providers relates to the administrative burden that new arrangements could bring. Managing access to health services by non-EU citizens is bureaucratically more burdensome than managing access for EU nationals, as they are covered by reciprocal arrangements that regulate the administrative procedures and payment flows between countries. Broadening the process for non-EU citizens to a larger population group, in the event that the current reciprocal arrangements with the EU were to be discontinued, could have considerable resource and administrative implications for hospitals in both the UK and the EU.

The Brexit Health Alliance was established to make sure that the interests of those who use health services, as well as healthcare commissioners and providers, educators, researchers, and the healthcare industry are reflected in the negotiations as the formal process of leaving the EU gets underway.

For further information about the work of the Brexit Health Alliance please visit www.nhsconfed.org/BrexitHealthAlliance

Members: Academy of Medical Royal Colleges, Association of Medical Research Charities, Association of British Healthcare Industries, Association of the British Pharmaceutical Industry, Association of UK University Hospitals, BioIndustry Association, Faculty of Public Health, Medical Schools Council, National Voices, NHS Confederation (including Mental Health Network, NHS Clinical Commissioners, NHS Employers, NHS Partners Network), NHS Providers, Northern Ireland Confederation for Health and Social Care, Richmond Group of Charities, Scottish NHS Chief Executive Group, Welsh NHS Confederation.

The Brexit Health Alliance is calling for:

- Straightforward and appropriate access to reciprocal healthcare for both UK and EU patients, preferably by preserving current arrangements.
- If this is not possible, provisions made domestically for the planning and funding of healthcare for UK nationals currently in the EU and vice versa.
- No increased burden for both UK and EU health providers if they are required to handle new, more complex administrative and funding processes, should current arrangements be discontinued.